



1075 Ronald Reagan Avenue • Hickory Creek TX 75065
Phone: 940/497-2528 • Fax: 940/497-3531

Permit #: _____

Date: _____

Approved Denied

PEDDLAR / SOLICITOR / VENDOR PERMIT APPLICATION

TYPE OF BUSINESS:

- Individual
- Corporation
- Partnership

- Association
- Joint Venture
- Group

- Non-Profit
- Other : _____

COMPANY/ ORGANIZATION

Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Contact Person: _____ E-mail Address: _____

Please list all products to be sold and / or services to be delivered:

APPLICANT

Attach color copy of Identification

Name: _____

Address: _____

Contact #: _____ Fax #: _____

Date of Birth: ____/____/____ Driver's License #: _____ State: ____

OR Social Security Number: _____ **and** Picture ID#: _____

Have you ever been convicted of a felony of any nature or any other crime of moral turpitude in this or any other state: Yes No

If "yes" list date, place and crime(s) you were convicted of: _____

Date(s) of Sale: _____

I swear or affirm that the above statements are true and correct.

Applicant Signature

Date

ASSOCIATES

Attach color copy of Identification

Associate #1 Name: _____

Address: _____

Contact #: _____ E-mail: _____

Date of Birth: ____/____/____ Driver's License #: _____ State: ____

OR Social Security Number: _____ **and** Picture ID#: _____

Have you ever been convicted of a felony of any nature or any other crime of moral turpitude in this or any other state: Yes No

If "yes" list date, place and crime(s) you were convicted of: _____

I swear or affirm that the above statements are true and correct.

Signature Date

Associate #2 Name: _____

Address: _____

Contact #: _____ E-mail: _____

Date of Birth: ____/____/____ Driver's License #: _____ State: ____

OR Social Security Number: _____ **and** Picture ID#: _____

Have you ever been convicted of a felony of any nature or any other crime of moral turpitude in this or any other state: Yes No

If "yes" list date, place and crime(s) you were convicted of: _____

I swear or affirm that the above statements are true and correct.

Signature Date

Attach additional pages if needed.

LOCATION(S) OF SALE

Address of Sale / Neighborhood(s): _____

If the sale will be conducted on private property, attach a letter granting permission to use the property from the owner and any effected tenants. Sales on commercial property must meet all requirements of the zoning ordinance.

Describe any additional equipment to be used in the conduct of the sale(s): _____

Are the products and services to be provided subject to Sales Tax in Texas? Yes No

If "yes", attach a copy of the appropriate Sales Tax Certificate.

VEHICLES TO BE USED

Vehicle #1

Make / Model: _____ License # / State: _____ Year: _____

Vehicle #2

Make / Model: _____ License # / State: _____ Year: _____

I hereby make application for a permit to solicit, sell or take orders within the Town of Hickory Creek, Texas. I further acknowledge that the following information is given under oath and will be verified. Any false information given will be grounds for permit denial. I understand that information verification will be completed within ten (10) business days. Sales of food and beverages may require an additional Health Permit.

The permit is valid between the hours of 9 am and 8 pm Monday through Saturday. Unless otherwise stated, permits are valid for 30 days. All printed materials must include the name, address and contact information of the organization or applicant.

I swear or affirm that the above statements are true and correct and agree to abide by Article 4.03 of the Hickory Creek Code of Ordinances.

Applicant Signature

Date

Attachments

(incomplete applications will not be considered)

- Color copies of IDs of all applicants / associates
- Site Plan / Map of Sales Area
- Letter of permission for use of private property
- Current copy of State of Texas Sales & Use tax Permit
- Copy of valid Liability Insurance on all vehicles